

Georgia State Board of Nursing Home Administrators 237 Coliseum Drive, Macon, Georgia 31217-3858 Phone: 478-207-2440 * www.sos.ga.gov

CERTIFICATION OF LICENSURE

This form should be sent to **ALL States** in which you hold a Nursing Home Administrator license. The form should be completed by the State Board and returned to the above address.

PART I – APPLICANT
I, hereby authorize the state of Board of Nursing Home Administrators to furnish to the Georgia State Board of Nursing Home Administrators the information requested below.
Applicant's Signature Social Security No. License No. Applicants do not write below this line. Applicants must forward to state verifying license.
PART II – STATE AGENCY
LICENSING AGENCY: The above applicant has applied for a license to practice as an Administrator in Georgia. Please furnish the Georgia Board the following information AND mail to Georgia State Board of Nursing Home Administrators •237 Coliseum Drive • Macon, Georgia 31217-3858
Name of Licensee: License Number:
Licensed by: Exam Endorsement Waiver Grandfather Clause
If by exam, please indicate the examination administered to applicant:
Issue Date: License Status: Current Expiration date:
☐ Inactive Date of last renewal:
☐ Lapsed Date of last renewal:
Have all continuing education requirements been met? \square YES \square NO
Has the license ever been encumbered in anyway? (e.g. revoked, suspended, surrendered, restricted, limited, placed on probation) $\square YES \square NO$
Is the applicant currently under investigation? Yes() No() * Please provide details, including copies of any documents with status of investigations.
Signed Date
Title: State Board
Telephone # ()